

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 742111-157
In re Application of Carsten H. PEDERSEN		
Application Number 10/500,879		Filed 01/10/2005
For REMOVAL OF UNDESIRE OCCURRENCES IN HAIR AND FUR		
Group Art Unit 3723		Examiner Theresa T. Snider

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- |  |                  |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)              | \$ _____         |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ <u>230.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)         | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)          | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)         | \$ _____         |

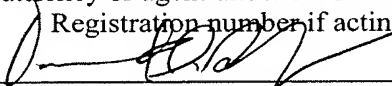
- ☒ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478(742111-157).

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

	<u>703-584-3273</u>
Signature	Date
<u>David S. Safran</u>	<u>703-584-3273</u>
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.